THU0526

ACUTE PARASPINAL MUSCLE NECROSIS WITH CRACK COCAINE AND HEROIN; A CASE REPORTA. Masood¹, L. Attipoe¹, D. D'Cruz¹, S. Al-Saraj², S. Williams¹, K. Sabzevari¹.¹Rheumatology, Guys and St Thomas Hospital Trust; ²Clinical Neuropathology, Kings College Hospital, London, UK

Background: Cocaine can cause serious muscle injury ranging from asymptomatic creatine phosphokinase (CK) elevation to massive rhabdomyolysis with acute renal failure. Muscle injury is more common after intravenous use or after smoking the alkaloid freebase (crack cocaine) because of the more rapid effect and higher blood levels of the drug achieved via those routes. The onset of symptoms is acute and can even happen with one time drug use.

Objectives: to broaden the knowledge about severe focal myositis as a consequence of crack cocaine abuse

Methods: We report a case of Acute Paraspinal myositis and Rhabdomyolysis in a previously healthy African gentleman after smoking crack cocaine and heroin.

Results: 35 years old gentleman, previously well, presented to the emergency with 12 hour history of severe lower back pain and stiffness in the absence of any trauma or systemic symptoms. On admission he was conscious and alert with tenderness and stiffness of paraspinal muscles, urinary retention requiring catheterization but no muscle weakness. Serum Creatinine was elevated at 597 µmol/L and Creatine Kinase was 66000 U/L. Urinalysis showed haematoproteinuria (3 +blood, 4+protein). Patient reported smoking crack cocaine and snorting heroin, as well as drinking alcohol 12 hours before the onset of symptoms. Drug screen was positive for cocaine and benzodiazepines while autoimmune serology was negative for ANA, muscle specific antibodies anti-GBM and ANCA-antibody. Infection screen was negative and Urine and blood cultures were sterile. STIR images on MR scan revealed ill-defined areas in the paraspinal muscles consistent with Myositis. The muscle biopsy showed necrosis and focal intense infiltration by sheets of macrophages associated with proliferation of myoblast forming multinucleated giant cells but no evidence of granuloma formation the overall appearances being consistent with focal myositis. Serum Creatinine and CK improved progressively. He was treated with a tapering dose of steroids for 8 weeks while clinical and biochemical markers continued to improve.

Conclusions: Drug induced Rhabdomyolysis can occur with cocaine, heroin and alcohol but it is the first reported case of focal myopathy affecting Paraspinal Muscles alone. There is one case report in the literature suggesting isolated myopathy with cocaine in the absence of central nervous system manifestations. One of the main differentials in such a scenario is Pyomyositis which requires early identification and prompt treatment to prevent systemic complications.

REFERENCES:

- [1] Zuckner J. Drug-related myopathies. *Rheum Dis Clin North Am* 1994;20 (4):1017–1032.
- [2] Pogue VA, Nurse HM. Cocaine-associated acute myoglobinuric renal failure. *Am J Med* 1989;86(2):183–186.
- [3] Brazeau GA, McArdle A, Jackson MJ. Effects of cocaine on leakage of creatine kinase from skeletal muscle: in vitro and in vivo studies in mice. *Life Sci* 1995;57(17):1569–1578.
- [4] Brody SL, Wrenn KD, Wilber MM, et al. Predicting the severity of cocaine-associated rhabdomyolysis. *Ann Emerg Med* 1990;19(10):1137–1143.
- [5] Grob D. Rhabdomyolysis and drug-related myopathies. *Curr Opin Rheumatol* 1990;2(6):908–915.
- [6] Roth D, Alarcón FJ, Fernandez JA, et al. Acute rhabdomyolysis associated with cocaine intoxication. *N Engl J Med* 1988;319(11):673–677.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.2294

THU0527

EFFECTS OF MANUAL THERAPY, SACROILIAC AND LUMBAR EXERCISES IN PATIENTS WITH SACROILIAC JOINT DYSFUNCTION SYNDROMEA. Javadov, A. Ketenci. *Dept. of Physical Medicine and Rehabilitation, Istanbul Medical Faculty, Istanbul, Turkey*

Objectives: The aim of this study was to determine the effects of sacroiliac joint (SIJ) manipulation, sacroiliac and lumbar home exercises on pain, sacroiliac mobilisation levels and functional status in patients with sacroiliac joint dysfunction syndrome (SIJDS).

Methods: In a prospective, randomised interventional trial 69 eligible women were assigned to SIJ manual therapy +sacroiliac home exercise group (Group 1, n=23), SIJ manual therapy +lumbar home exercise group (Group 2, n=23) (n=19), or lumbar home exercise group (Group 3, n=23). All the patients who were included in the study were evaluated on the 0 th, 28 th day and 90 th day of the treatment. Specific tests (motion palpation and pain provocation tests) for SIJ were performed. Activity and rest pain was assessed by using the Visual Analogue Scale (VAS). Functional status and quality of life were assessed using the Modified Oswestry Disability Index (MODI) and Short Form-36 (SF-36), respectively.

Results: The VAS scores significantly decreased in all three groups ($p<0.05$). Gillet test, Vorlauf test, Posterior Shear Test (POSH), Irritation point test and Compression test showed significant decrease after treatment in both training groups ($p<0.05$). A significant improvement was determined in functional disability score (MODI), quality of life scores, Short Form-36 (SF-36) and neuropathic pain in all three groups ($p<0.05$). However, a more significant improvement was detected with manual therapy and sacroiliac home exercise program compared to patients in group 2 and group 3.

Conclusions: Our data suggest that manual therapy, sacroiliac and lumbar exercises programs can be effective in patients with sacroiliac joint dysfunction syndrome. In SIJDS, a pathology that should be considered in patients with low back pain, it is necessary to know that special SIE exercises and SIE manipulation therapy can be applied in combination with lumbar exercises and SIE manipulation therapy, or that exercises alone can be given but the benefit expected from exercise alone is less than combined treatment revealed.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1872

THU0528

THE RELIEF OF CHRONIC LOW BACK PAIN (CLBP) IMMEDIATELY AFTER ONE SESSION OF LOW LEVEL LASER ACUPUNCTURE THERAPY (LLLAT)D. Houssien¹, A. Houssien². ¹Dr Dhiya Center for Rheumatism, Dr Dhiya Center for Rheumatism, Jeddah, Saudi Arabia; ²Immunology, King's college, London, UK

Background: Low-level Laser acupuncture therapy (LLLAT) is defined as the stimulation of acupuncture points with low-intensity, laser irradiation and is widely used in treating musculoskeletal pain.

Objectives: To determine whether the use of a single session of LLLAT for Chronic Low Back Pain (CLBP) will result in better outcome than using acupuncture alone.

Methods: 40 patients with CLBP were randomly assigned to two treatment groups: G1 (Acupuncture; 20 patients) and G2 (laser acupuncture; 20 patients). All patients received a single session only. The Acupuncturists inserted a stainless steel needle in local low back (Du3,4, UB23,5,6), distal (UB36, 40,54,7,8,60, GB30,1,4, Li4) and auricular points. laser-acupuncture treatment with a 20 Hz 200 mW 820 nm Gallium Aluminium Arsenide diode laser was used the same previous points. Pain intensity was assessed on a 100 mm visual analogue scale (VAS). The lumbar range of motion was measured by fingertip-to-floor method. A